

Name: \_\_\_\_\_  
Last First Middle



## Pre-Hire Packet

*Check to make sure that each item has been filled out completely:*

- ☐ Applicant Information
- ☐ Background Check
- ☐ Reference Form

*Please make sure the following is attached:*

- ☐ Signed Application

**WCC Admin Staff Only**

Checklist complete: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_

# Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Nickname/Goes by: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Local Address (where your paychecks\*/paystubs will be sent)**

\*Even if you sign up for Direct Deposit, your first paycheck will be mailed to you at this address. If you don't have a local address, leave this section blank and **let WCC know when your address changes** by emailing [wccadmin@ecy.wa.gov](mailto:wccadmin@ecy.wa.gov).

Street: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: ☐ Male ☐ Female

Do you need health insurance coverage? ☐ Yes (As secondary coverage\*\*?) ☐ Yes  
☐ No—Complete Waiver of Coverage Form

\*\*Some insurance plans do not allow you to have secondary coverage. If this is the case, enrolling in our insurance program may cause you to lose your primary coverage. Please check with your insurance provider before using our insurance as secondary coverage.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## WCC/IP Supervisor Only

WCC Member will begin service on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Location: \_\_\_\_\_  
City County

Weekly Schedule: ☐ Four 10-hour days  
☐ Five 8-hour days  
☐ Flex: eight 9-hour days, one 8-hour day, alternating Fridays off

If Work Week is other than standard (Mon-Sun), please specify here: \_\_\_\_\_

\_\_\_\_\_  
WCC/IP Supervisor Signature

\_\_\_\_\_  
Date

# Criminal History & National Sex Offender Registry Check

AmeriCorps requires a criminal history background check on National Service Participants to ensure protection of the community members with whom we work, particularly children, individuals with disabilities, and individuals over 60 years old. In conducting this check, we are investigating for past sexual offenses and violent crimes. Minor offenses, unless affecting your assignment, will not bar you from service. If a background check is returned with offenses that bar you from service, your position with the WCC will terminate immediately.

This background check will entail a search of the National Sex Offender Public Website (NSOPW), the repository for Washington State, and the repository for the state where you resided when applying for the WCC Program, if applicable. In addition, an FBI criminal background check will be required if the position for which you are applying interacts with vulnerable populations on a recurring basis.

The NSOPW and the state repository checks will be completed prior to a job offer. If your position requires you to be fingerprinted for an FBI background check, you will be provisionally hired, but until this check is returned and you are cleared, you will not be permitted to work with vulnerable populations without supervision.

By completing the information below, you authorize the WCC to conduct the necessary background checks. Please disclose any convictions you have that involve crimes against people, including arson, assault, burglary, crimes against vulnerable individuals, harassment, kidnapping, manslaughter, murder, rape, robbery, and sexual offenses. These may or may not disqualify you from service, but neglecting to disclose your criminal history could result in termination. Please list and explain the circumstances of your convictions on the back or next page of this form.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: ☐ Female ☐ Male

Current Residence: City: \_\_\_\_\_ State: \_\_\_\_\_

Did you reside in a state **other than Washington**, when you applied for the WCC?

☐ Yes ☐ No

If you marked "yes", complete the following information:

Previous Residence: City: \_\_\_\_\_ State: \_\_\_\_\_

## WCC/ IP Supervisor Only

Does the position for which this applicant is applying require unsupervised, recurring access to vulnerable populations (children, individuals with disabilities, and individuals over 60 years old)?

☐ Yes. This position has unsupervised access to vulnerable populations and requires an additional FBI background check to be completed.

☐ No. This position **WON'T** have unsupervised access to vulnerable populations.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Date \_\_\_\_\_

## Date \_\_\_\_\_

# Reference Form

*Please provide 2 professional or personal references for staff to contact.*

Applicant name: \_\_\_\_\_

1. Name of Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

2. Name of Reference: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

I hereby authorize the Washington Conservation Corps (WCC) to conduct a reference check using the information provided above.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

## WCC/IP Supervisor Use Only

*Suggested topics to discuss with references:*

- Applicant's level of dependability, adaptability, and commitment.
- Applicant's ability to cooperate as a team member, work independently, or lead/instruct others.
- Applicant's ability to spend long hours outside, in inclement weather, doing heavy lifting or other physical work.
- Applicant's response to conflict, people of differing backgrounds, financial hardship, and inconvenience.

Comments: \_\_\_\_\_

\_\_\_\_\_  
I certify that reference checks for the named applicant above have been performed.

\_\_\_\_\_  
*WCC/IP Supervisor Signature*

\_\_\_\_\_  
*Date*